

## DOCUMENT RESUME

ED 447 119

SP 039 601

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TITLE Energizing a Large Urban System: Reform through a Standards Driven Model.  
PUB DATE 2000-03-00  
NOTE 13p.; Paper presented at the Annual Meeting of the American Alliance for Health, Physical Education, Recreation, and Dance (Orlando, FL, March 21-25, 2000).  
PUB TYPE Reports - Descriptive (141) -- Speeches/Meeting Papers (150)  
EDRS PRICE MF01/PC01 Plus Postage.  
DESCRIPTORS \*Academic Standards; Accountability; Change Strategies; \*Comprehensive School Health Education; \*Educational Change; Elementary Secondary Education; Health Promotion; \*Physical Education; State Standards; \*Urban Schools  
IDENTIFIERS \*District of Columbia Public Schools; Reform Efforts

## ABSTRACT

This paper describes the District of Columbia Public School System (DCPS); articulates challenges it faced prior to standards based reform; presents strategies for reforming large urban systems' health and physical education (HPE) programs; and notes strategies for incorporating a standards-based performance-driven model. DCPS reading and math scores have not been acceptable in years. There have been specific challenges to HPE. There was no HPE coordinator between 1992-98. Between 1998-00, over 50 new HPE teachers were hired. There has been no inservice training in PE and no standards-based curriculum developed. In 1997, the system was transformed from a norms-based to a standards-based model. System-wide accountability was introduced, with specialists hired to develop and implement standards-based curricula. The DCPS affirmed seven guiding principles for a standards-based model. Health and physical educators were charged with seven responsibilities. Principals identified standards specialists to help implement the reform. Teachers and administrators received training in delivery strategies and classroom management. Content standards were developed using national standards from several national associations. The result was seven standards for HPE. Benchmark expectations for HPE were distributed to teachers. Appendixes depict the DCPS 3-year performance trends on the Stanford Achievement Test, version 9. (SM)

## “ENERGIZING A LARGE URBAN SYSTEM: REFORM THROUGH A STANDARDS DRIVEN MODEL”

Presented at the 2000 national conference of the American Alliance for Health, Physical Education, Recreation, and Dance in Orlando, Fla., March 21-25 by  
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The outcomes of this paper are fourfold: 1) articulation of descriptors of the District of Columbia Public School System; 2) articulation of the challenges facing the DCPS prior to standards-based reform; 3) practical strategies for reforming a large urban system's health and physical education program and; 4) practical strategies for incorporating a standards-based performance driven model.

The District of Columbia Public School System (DCPS) services 71,000 students. The reading and math scores have not been at an acceptable level in years. There are additional challenges to the DCPS: the system was taken over by an emergency transition board, relieving the elected board of education of power; a new superintendent was appointed; a large number of teacher retirements necessitated the hiring of 1,100 new teachers; low teacher morale; a standards-based model was being adopted without the attendant curriculum in place; and the new standards-based model needed to be implemented.

The following are some demographic and descriptive data of the system. The DCPS student population is 85% Afro-American; 9% Hispanic; and 5% white. 73% of all students receive either free or reduced lunch. This is a direct reflection of the socio-economic status of the student population. There are 158 schools: 104 elementary; 3 extended elementary (pre-k through grade 8); 11 middle; 10 junior high; 19 high; 2 alternative; and 9 city-wide special education.

The appendices 1 - 6 contain six graphs that depict the DCPS three-year performance trends on the Stanford Achievement Test, version 9, (SAT9). Some of the major trends that the data reveal are: 1) a significant decrease in the number of children scoring below basic in both reading and mathematics; 2) a significant increase in the number of children scoring basic in both reading and mathematics; 3) more children scoring proficient and advanced in reading than in mathematics; 4) greater gains in reading and mathematics in the lower grades than the secondary grades; and 5) no significance differences in distributive scores between females and males.

There also exist specific challenges to the health and physical education program. There was no coordinator for the health and physical education program between 1992 and 1998; between the school years 1998 and 2000 over 50 new health and physical education teachers were hired (out of a total of 260); no new city-wide health and or physical education textbooks have been purchased (individual schools may purchase

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books on their own); no in-service training in physical education; no standards-based curriculum has been developed; little or no experience using a standards-based model.

A standards-based model was adopted in 1996 by then superintendent, General Julius Becton. He resigned in 1997 and was replaced by Ms. Arlene Ackerman. Ms. Ackerman led the transformation of the system from a norms based to a standards-based model. She introduced system-wide accountability; hired an Associate Superintendent for Academic Services; and hired content specialists in each subject area to develop and implement a standards-based curriculum. System employees who were ineffective, including teachers and administrators, were released. The “bar” was raised – mediocrity was no longer an acceptable standard. Test scores would be raised and reading was the first target and a standards-based model was the key to hitting the bullseye. Why change from a norms-based to a standards-based model? The following comparison of the two models helps to explain the justification.

### **COMPARISON OF ASSESSMENT METHODS**

<b><i>STANDARDS-BASED</i></b>	<b><i>NORMS-BASED</i></b>
• Standards are fixed	1. Norms move
2. Standards are cooperative	2. Norms are competitive
3. Standards measure proficiency	3. Norms (and their counterparts, grades, measure) behavior
4. Standards promote mixed grouping and are collaborative	4. Norms provide excuses for a “dumbed down” curriculum
5. Standards are challenging	5. Norms are simple
6. Standards are precise, observable, measurable, and quantifiable	6. Norms are simple
• Standards address results levels of behavior	7. Norms reflect only test scores

The DCPS affirmed seven guiding principles for a standards-based model:

- all students are capable of learning, and there are no limits to learning
- the dignity of the student and respect for his or her personal circumstances and cultural and language diversity should always be affirmed

- each student learns in his or her own way and at his or her own individual pace
- learning is both an individual and social process
- learning requires the active participation of the learner
- caring, sensitive and responsive adults heighten the student's desire for learning and create conditions for success
- the school, community and family must act in collaboration to support the student's learning
- allow accessibility to knowledge and ensure opportunities for students to learn according to their own learning styles

What is the role of the health and physical educator in the model? The DCPS health and physical educators have been charged with seven responsibilities:

1. understand the standards
2. identify multi-disciplinary teachers
3. participate in professional development opportunities
4. assess student progress with different protocols
5. analyze classroom and gymnasium activity
6. recognize outstanding performances
7. reflect, revise, and improve his/her standards-based model

One of the central challenges to the rejuvenation of any large system is how to implement the reform movement and transform the system into a standards-based paradigm? *Standards Specialist* were identified by principals. These people were generally mathematics, science, and reading/language arts teachers. Content specialists met with these people one day per month (during the school day). The specialists receive graduate credit and a cash stipend. The standards specialists receive intense training in the model and are given time during staff development days to transmit the information to the teachers at their respective schools.

New teachers receive monthly training sessions in delivery strategies and classroom management. All administrators also receive training in the standards-based delivery system. For the first time in the history of the DCPS special teachers in music, visual arts, and health and physical education are released during school time for in-service training. Monthly half-day sessions are convened to ensure a system-wide consistent

approach. Elementary teachers and secondary chairpersons meet on a bi-monthly schedule.

The health and physical education teachers receive the same standards training as the standards specialists. The health rooms and gymnasias contain evidence of standards-based classrooms and the teaching styles are representative of the paradigm. Some characteristics of a standards-based classroom are:

- clear, precise criteria made known up front
- high expectations for all students that are clear and specific
- student-centered activities, involving different learning styles
- students actively engaged in learning
- evidence of exemplars/modeling
- collaborative small group work
- aligned assessments
- rubrics for scoring and coaching
- students demonstrating their learning
- authentic assessment (connection with real or outside world)
- portfolio assessments (record of student work)
- analysis of relevant student data
- multiple opportunities to learn
- regular follow-up and feedback on student work

## THE CURRICULUM

Content standards were developed using the national standards of the American Association for Health Education, the National Association for Sport and Physical Education, and the National Dance Association. Research was also compiled from jurisdictions across the nation. The result was seven standards for health and physical education.

*Benchmark Expectations for Health and Physical Education* were prepared and distributed to the teachers during the 1999-2000 school year. These are the skills that students are expected to attain at the end of grades 3, 5, 8, and 11. Appendix A is an example of one of the benchmarks. *Grade by Grade Expectations* are scheduled to be completed by June of 2000 and be distributed to the teachers for the beginning of the 2000-2001 school year. These contain **essential skills** that are needed to produce a **performance standard** for each content standard in every grade. Also included are **technology integrations**. An example of a grade by grade standard is found in Appendix B. Appendix C is an example of the scope and sequence.

The Department of Teaching and Learning, comprised of the content specialists, also devised lesson plan and unit plan templates that are in alignment with the standards and

the teacher evaluation instrument\*. Yet to be developed are system-wide rubrics, portfolios, best practices, and end of course examinations for high school students.

There are four major challenges still facing large school systems. There must be a system-wide implementation of a standards-based model. Secondly, we must get teachers and administrators to “buy into standards”. Thirdly, teacher education curricula must include standards-based models in their programs. Finally, and most importantly, students in urban systems must have access to the resources and facilities needed to reach the new standards.

\*The Professional Performance Evaluation Process (PPEP) is the evaluation instrument for teachers and was jointly devised by the Washington Teachers Union and the Superintendent’s office

## **APPENDIX**

**District of Columbia Public Schools**  
**Health and Physical Education - Grade 7**  
**Movement Concepts and Principles**

**Content Standard 4: Students demonstrate movement concepts and principles in a variety of movement forms.**

<b>Performance Standards</b>	<b>Essential Skills</b>	<b>Technology Integration</b>
<p>The student</p> <ul style="list-style-type: none"> <li>• uses refined motor skill performance through the use of feedback from teachers or peers;</li> <li>• applies movement concepts and principles to the learning and development of motor skills.</li> </ul>	<p>The student</p> <ul style="list-style-type: none"> <li>• detects, analyzes, and corrects errors in motor skill performance with teacher and/or peer assistance;</li> <li>• designs and refines a routine by combining various movement patterns with music;</li> <li>• examines basic biomechanical principles such as center of gravity, base of support, and follow through;</li> <li>• identifies similar movement concepts and elements in a variety of sport skills such as the overhand throw and the serve in tennis;</li> <li>• describes the importance of goal setting in improving motor skill performance;</li> <li>• explores basic offensive and defensive strategies that can be used in a physical activity setting.</li> </ul>	<p>The student</p> <ul style="list-style-type: none"> <li>• assesses the future use of technology in the improvement of motor performance.</li> </ul>

**Appendix A**  
**Content Standard 4; Grade 7**



# DISTRICT OF COLUMBIA PUBLIC SCHOOLS

## Health and Physical Education Benchmark Expectations

### Health Promotion and Disease Prevention

**Content Standard 1:** Students demonstrate an understanding of health promotion and disease prevention in order to achieve and maintain healthy lifestyles.

By the end of Grade 3	By the end of Grade 5	By the end of Grade 8	By the end of Grade 11
<p>The student will:</p> <ul style="list-style-type: none"> <li>• identify the major organs of the body, know where they are located, how they work, and how they are important to health maintenance;</li> <li>• demonstrate techniques of good personal hygiene to maintain health and prevent the spread of disease;</li> <li>• recognize symptoms of childhood illness and explore how personal behaviors can help someone recover from illness or manage chronic illness;</li> <li>• know why health problems should be detected and treated early;</li> <li>• identify logical steps in a decision making process, in order to promote healthy behavior.</li> </ul>	<p>The student will:</p> <ul style="list-style-type: none"> <li>• describe how health decisions influence the way body organs and organ systems work;</li> <li>• identify responsible health care practices needed to prevent disease and maintain system health;</li> <li>• analyze how positive health behaviors aid in disease prevention;</li> <li>• describe the differences between short term and long term health goals;</li> <li>• summarize the roles that traditional and non-traditional health care professionals play in preventing disease and promoting healthy lifestyles.</li> </ul>	<p>The student will:</p> <ul style="list-style-type: none"> <li>• describe how decision making skills impact the totality of the organ system;</li> <li>• identify methods for choosing preventative disease practices;</li> <li>• critique the use of positive health behaviors in the reduction of disease;</li> <li>• compare and contrast the results of short term vs. long term health related goals;</li> <li>• appraise the role of traditional and non-traditional health care professionals in promoting healthy lifestyles and in the prevention of disease.</li> </ul>	<p>The student will:</p> <ul style="list-style-type: none"> <li>• recognize the ways that body systems function and relate the information to develop personal health goals;</li> <li>• develop strategies to modify behaviors over a lifelong period;</li> <li>• relate human behavior theories to explain choices in food, physical lifestyle, drugs, sexual activity, stress management, ect.;</li> <li>• investigate changing cultural and societal pressures that influence health decision; making;</li> <li>• analyze the interrelationships among physical, mental, social, spiritual, and emotional health and the implications for healthy living.</li> </ul>

#### Appendix B

#### Benchmark Content Standard 1

**DISTRICT OF COLUMBIA PUBLIC SCHOOLS**  
**Health and Physical Education**  
 Grade 7 Through 10

***Scope and Sequence – Physical Education***

<b>Grade</b>	<b>Movement Concepts and Principles</b>	<b>Promotion of a Physically Active Lifestyle</b>	<b>Competency in Physical Skills</b>	<b>Safe and Responsible Personal and Social Behavior</b>	<b>Technology Integration</b>
<b>Seven</b>	Refinement of motor skills Anatomy and basic movement	Physical fitness Social benefits of physical activity	Proficiency in movement forms Intermediate offensive and defensive strategies Intermediate dances and games	Rules and authority Positive self-management and social skills	Communication systems
<b>Eight</b>	Bio-mechanics Social dance	Physiological benefits of exercise Dances of the world School –to-career concepts	Intermediate manipulative skills Intermediate locomotor sequences and patterns Interpersonal communication in competitive activities	Environmental dangers Recognition and respect Inclusive and supportive behavior	Sports medicine technology
<b>Nine</b>	Movement skills in sports Advanced movement forms Individual sport skills	Planning life-long fitness Stress management and relaxation Sport in society	Competitive and cooperative activities in fitness programs Mature movement forms	Integrity and honesty in sports Appreciation of sport as a spectator	Computer generated journals and fitness records
<b>Ten</b>	Mature team sport skills Self-assessment of sport skills	Adventure activities Scientific foundations of exercise Self-expression Influences on activity choices Value of aerobic and anaerobic activity	Mature movement forms Modification of fitness programs Competent movement skills Teaching motor skills	Dating and responsibility Safety practices Advanced goal setting Success and failure Risk reduction Rules in sport and society	Fitness related monitoring equipment Sports communication Computer programs to set up tournament brackets and statistics

**Appendix C**

**Scope and Sequence: Grades 7 – 10 Physical Education**



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